



School performance in primary school and psychosocial problems in young adulthood among care leavers from long term foster care

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ABSTRACT

We used data from Swedish national registers for ten entire birth year cohorts (1972–1981) to examine psychosocial outcomes in young adulthood for youth that left long term foster care after age 17, comparing them with majority population peers, national adoptees and peers who had received in-home interventions before age 13. The population was followed in the registers from age 16 to 2005. Data were analyzed in Cox regression models. Youth who left long term foster care had six-to eleven fold sex and birth year adjusted excess risks for suicide attempts, substance abuse and serious criminality from age 20, and for public welfare dependency at age 25. Overrisks were considerably lower for the in-home intervention group and the national adoptees. Adjusting results for poor school performance in the final year in primary school (ages 15–16) reduced overrisks by 38–52% for care leavers from long term foster care.

Irrespective of issues of causality, poor school performance seems to be a major risk factor for future psychosocial problems among youth who age out of long term foster care. The results suggest that promoting foster children's school performance should be given high priority by agencies.

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1. Introduction

Low education has for decades been linked to increased risks of early death, somatic and mental disorders, and a range of social problems (e.g. Danielsson & Talbäck, 2009). However, there is less knowledge about the link between school performance and child development over the life course. Two recent Swedish longitudinal studies found a strong correlation between low grades from the final year in primary school and later suicidal behavior, after controlling for socio-economic background (Björkenstam et al., 2010; Jablonska et al., 2009).

Several interesting results from the Stockholm Birth Cohort Study have recently been published. In these studies, a large number of Stockholm children were followed from infancy to age 48. One study found substantial correlations between low school grades in the final year in primary school and crime, both in adolescence and adulthood, after controlling for socio-economic background and a range of other childhood factors. When the analysis was adjusted for school performance, there was only a weak independent relationship between poverty in childhood and frequent criminality over

time (Nilsson & Estrada, 2009). In another study, based on the same data, the scholars found strong links between poor school performance in 6th grade at primary school (age 12) and high mortality, presence of social assistance, and weak labor market attachment in the middle age (Halleröd, 2010).

A number of factors influence children's performance in school, especially parental education (higher education of the parents has a positive correlation with better school grades of children) (Vinnerljung, Berlin, & Hjern, 2010). Child maltreatment increases risk for poor school performance (e.g. Boden, Horwood, & Ferguson, 2007; Lansford et al., 2002; McGloin & Widom, 2001; Stone, 2007). In contrast, good performance in school – and higher education after primary school – has a strong protective influence on vulnerable children's development by reducing the probability of unfavorable long term outcome, such as antisocial behavior during adolescence (Werner, 1992; Werner & Smith, 2001; Zingraff, Leiter, Johnsen, & Myers, 1994).

Most Western countries report that youth who leave long term out-of-home care tend to have been low achievers in school, and are at high risk of entering adulthood with a low level of education (e.g. Bohman & Sigvardsson, 1980a,b; Cashmore & Paxman, 1996; Cheung & Heath, 1994; Christoffersen, 1993; Clausen & Kristofersen, 2008; Dumaret, Coppel-Batsch, & Couraud, 1997; Egelund et al., 2008; Jackson, 1994; Pecora et al., 2006; Runyan & Gould, 1985; Vinnerljung, 1996). In this article, we used Swedish national register data to analyze longitudinal associations between average grade points in primary school, future

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education, and adverse psychosocial outcomes in young adulthood among youth who aged out of long term foster care, comparing them with majority population peers, national adoptees and peers who received in-home interventions before their teens. The study was guided by the following research questions:

- How did care leavers from long term foster care perform in primary school compared to majority population peers, national adoptees and children who received in-home interventions before their teens?
- How did poor performance in primary school relate to later education achievements?
- How did poor performance in primary school relate to psychosocial problems in young adulthood?

We choose to study care leavers from long term foster care for several reasons. Firstly, long term foster care represents the most invasive child welfare intervention society administers, except adoption without parental consent (which does not exist in Swedish legislation). Subsequently, outcomes for this group are worth special scrutiny in child welfare research. Secondly, it represent a long term societal commitment – 24 h a day, seven days a week for many years – of assumed parental responsibilities (in loco parentis). Thirdly, several other cohort studies have found these youth to be more vulnerable in young adult age than most other youth with a history of child welfare intervention during their formative years (e.g. Hjern, Vinnerljung, & Lindblad, 2004; Vinnerljung, Hjern, & Lindblad, 2006). The exception is youth leaving out-of-home care after having originally been placed for antisocial behavior problems (Vinnerljung & Sallnäs, 2008). Fourthly, they represent a reasonably homogenous group. Practically all youth who leave long term foster care at age of legal majority were originally placed for reasons related to parental behavior, not their own (Vinnerljung, 1996). Other groups of Swedish care leavers are considerably more heterogenic, e.g. youth who were placed in out-of-home care during adolescent years (Sallnäs, Vinnerljung, & Kyhle-Westermarck, 2004). Fifthly, they constitute a large group: 41% of all Swedish care leavers born 1972–1981 who left out-of-home care after their 17th birthday graduated from long-term care.

2. Method

This study was based on record-linkages between national registers held by different Swedish authorities. The overall quality of the registers used in this study is regarded as high. National registers were linked by use of the unique ten digits ID numbers given to all Swedish residents at birth or immigration, making it possible to study outcomes with adjustment for socio-economic background and other confounders. The study was approved by the regional ethics committee at Karolinska Institutet. The following registers were used:

Registers held by Statistics Sweden: *The Total Population Register (TPR)* and *the Population and Housing Censuses (PHC's)* of 1975, 1980, 1985 and 1990 were used to define the study population as all Swedish residents born in 1972–1981. TPR contains yearly updated data from the National Tax Board (e.g. marital status, nationality, country of birth). The PHC's contains information on individuals (e.g. employment and occupation), households (e.g. number of persons and status) and housing (e.g. number of rooms and type). Censuses were conducted every fifth year during the period of 1960–1990, and data was collected partly from questionnaires and partly from registers. The non-response rate was approximately 2% in 1990, and even lower in the older censuses. *The Multi-Generation Register (MGR)* enables linkage between children and parents (birth and adoptive) and has been used to identify parents of the study population. MGR has almost full coverage

for persons registered in Sweden from 1968 onwards, but naturally birth parents are often missing for persons who immigrated as adults and for foreign born adoptees. *The Longitudinal integration database for health insurance and social studies (LISA)* integrates data from a number of registers that cover education, employment and all forms of income, starting with the year 1990. It is updated annually and includes all individuals from age 16. (SCB, 2009) *The National School Register (NSR)* holds information on individual educational performance and is described below in Section 2.2.

Registers held by the National Board of Health and Welfare: *The National Patient Register (NPR)* contains all in-patient care in hospitals since 1987. It has data on e.g. diagnosis, surgery and external causes of injury. *The National Cause of Death Register (NDR)* covers all registered deaths in Sweden since 1961, whether the death occurred within or outside the country. It contains information on e.g. underlying and contributory causes of death. In both NPR and NDR, the diagnoses/causes are coded according to the Swedish versions of the International system of Classification of Diseases, ICD (Socialstyrelsen, 1997). *The Child welfare Intervention Register (CIR)* is based on data from the local child welfare authorities, reported since 1968, and includes dates and type of intervention (but not cause of intervention).

Registers held by the National Council for Crime Prevention: *The Register of Criminal Offenses (RCO)* contains information on all convictions in Sweden, by type of sanction and criminal act, and is based on data from Swedish prosecutors and courts, and from the National Police.

2.1. Study population

The study population consists of all Swedish residents born in 1972–1981 according to the Total Population Register and who were also present in the Population and Housing Census of 1975, 1980, 1985 or 1990. Individuals who emigrated or immigrated after age 7, or died before age 17 were excluded from the study. Four mutually exclusive groups were created based on information from the Multi-Generation Register and the Child Welfare Intervention Register (CIR).

- Care leavers from long term foster care (N=5224) Persons who stayed more than five years in foster care (out-of-home care; mostly foster family care) during childhood and who left care after age 17, excluding national adoptees. The average time spent in care was 11 years.
- In-home interventions (N=6455) Persons who had in-home interventions before their teens.
- National adoptees (N=1206) Persons born in Sweden who lived with adoptive parents at age 10 (approximately), excluding those who had been in long term foster care.
- Majority population (N=900,322) Persons who did not belong to any of the three study groups and who did not appear in CIR.

The age of legal majority in Sweden is 18 years, and the normal time for leaving out-of-home care. We included all youth who left care after their 17th birthday, since a substantial minority leave during the last year before their 18th birthday, mostly to live on their own (Vinnerljung, Sallnäs, & Kyhle-Westermarck, 2001). Youth who age out of long term care constitute 83% of all Swedish 18-year olds with more than five years of out-of-home care experience. Inversely, 41% of all youth who stayed in foster care at the age of 17 had been in long term care.

Subjects with contradictory data regarding study group classification were excluded, mainly a small group that was classified as both Swedish born national adoptees and care leavers from long term

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